

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

Reset Form

2008 JAN 25 AM 10:09

FORM-GBG

Gift, Bequest, or Grant information
received by a department or
accepted by the Governor on behalf
of the state

For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or _____
Mailing Address _____
Area Code & Telephone _____

Glenwood Resource Center
711 South Vine Street
Glenwood, Iowa 51534

ip Code _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name _____
Mailing Address (if different from above) _____
Email Address _____

City, State, Zip (if different from above) _____

Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT, BEQUEST, OR GRANT:

Name ALA - CHARTER OAK
Mailing Address DISTRICT 8
City, State, Zip Code CHARTER OAK, IA 51439
Area Code & Telephone Number _____
Email Address (optional) _____

1-14-08 \$182.50
Date of Gift, Bequest, or Grant Amount/Value*

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof: FOR CLIENT USE:

SCRAPBOOKS, CRAYONS, NEW & USED GREETING CARDS, JEANS, SWEATER,
BLOUSE, SLACKS

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

1-23-08

Revised 06/05

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2008 JAN 29 PM 1:11

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-558-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) mdagit@das.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary	
Name 54697 Troy Road	Griswold, Iowa 51535
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

1/29/2008	\$ 25.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Christmas fund for students

Criteria to use this form:

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Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

1/29/2008

Date